

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/800,362

Filing Date

March 12, 2004

First Named Inventor

William M. Pardridge

Group Art Unit

1635

Examiner Name

Jon Benjamin Ashen

Total Number of Pages in This Submission

4

Attorney Docket Number

306J-002000US

## ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form  
☐ Fee Attached  
☐ Amendment / Response  
☐ Amendment and Request for Reconsideration  
☐ Affidavits/declaration(s)  
☒ Extension of Time Request  
☒ Receipt Acknowledgement Postcard  
☐ Information Disclosure Statement  
☐ Certified Copy of Priority Document(s)  
☐ Response to Missing Parts/Incomplete Application  
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ PTO-1449 Form  
☐ Cited References  
☐ Copy of PCT Search Report  
☒ Notice of Appeal  
☐ Petition to Convert to a Provisional Application  
☐ Power of Attorney, Revocation Change of Correspondence Address  
☐ Terminal Disclaimer  
☐ Small Entity Statement  
☐ Request for Refund

- ☐ Interview Summary  
☐ Request for Continued Examination (RCE)  
☐ Request for Corrected Filing receipt  
☐ Copy of Filing Receipt - marked up  
☐ Status Letter  
☐ Additional Enclosure(s) (please identify below):

### Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.

Signature

Date

November 29, 2007

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

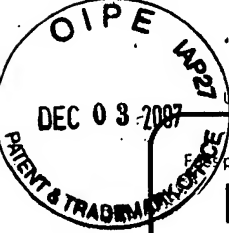
Typed or printed name

Deborah Berwick

Signature

Date

November 29, 2007



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Effective on 12/08/2004.  
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

☒ Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**485.00**

### Complete if Known

Application Number	10/800,362
Filing Date	March 12, 2004
First Named Inventor	William M. Pardridge
Examiner Name	Jon Benjamin Ashen
Art Unit	1635
Attorney Docket No.	306J-002000US

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**  
☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### 2. EXCESS CLAIM FEES

<u>Fee Description</u>				<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				210	105
Multiple dependent claims				370	185
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 or HP = _____		x _____	= _____	_____	<u>Fee (\$)</u>
HP = highest number of total claims paid for, if greater than 20.					
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____
_____ - 3 or HP = _____		x _____	= _____	_____	_____
HP = highest number of independent claims paid for, if greater than 3.					

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge):	
Other: <b>Notice of Appeal.</b>	255.00
Other: <b>Request for Extension of Time for 2 Months.</b>	230.00
Other:	
Other:	
Other:	

#### SUBMITTED BY

Signature	<i>Jonathan Alan Quine</i>	Registration No. (Attorney/Agent)	41,261	Telephone
Name (Print/Type)	Jonathan Alan Quine	Date	November 29, 2007	